

Fig. 1

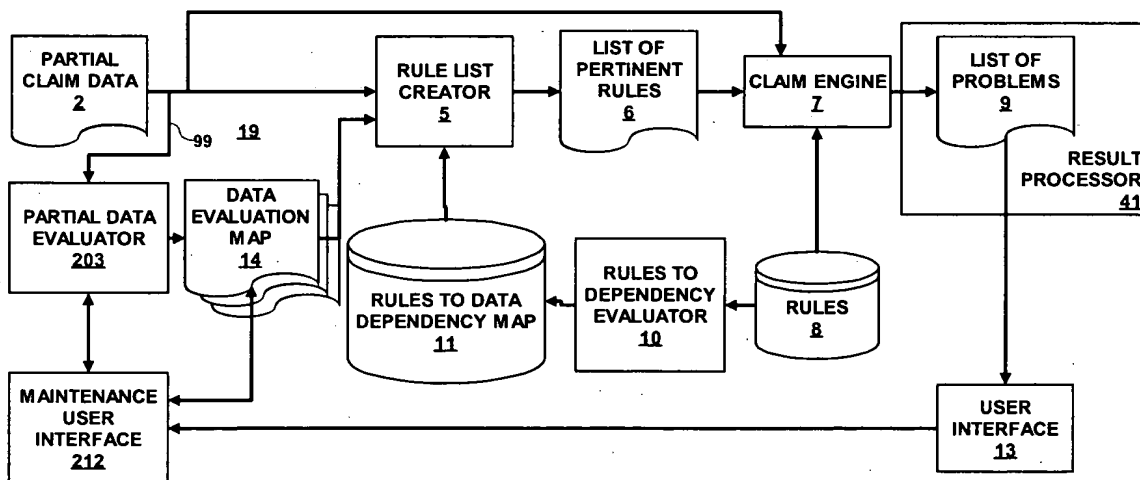


Fig. 2

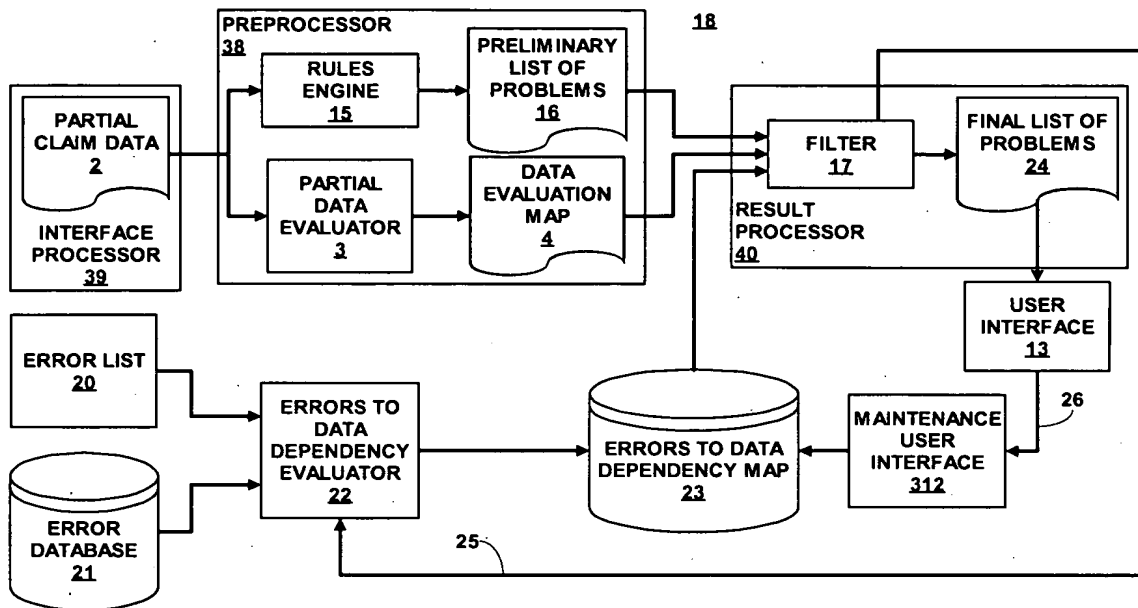


Fig. 3

PATIENT Michael Jordan DOB 01/01/1965 (37Y) Male		R Rapids Auxiliary Roll Rapids Mem Hosp Status:		Social Security #: Medical Record #: Encounter Data #: Encounter #:	
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Patient Demographics

Name	Address & Telephones	Personal Information	Care Providers	Clinical History	Advance Directives	Relationships
Name (1 on record) View/Add names						
First Name:	Michael	28	Nickname:		31	
Middle Name:			Prefix:		32	
Last Name:	Jordan	29	Suffix:		33	
	<input type="checkbox"/> Maiden name		Degree:			
Name type:	Legal					
Addresses (1 on record) Address Changes						
Type:	Mailing	Non-USA address	Patient doesn't have: <input type="checkbox"/> an address			
Street:	111 Market St					
Zip code:		State: 30	Pennsylvania			
City:	Philadelphia					
County:						
Country:	USA					

Incomplete Data:
Patients Insurer requires Zip code to be entered.

OK Disregard

27

37

Fig. 4